

Q1 2014

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2014 APR 16 AM 8:45

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

OHIO SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS

E. KARL SCHNEIDER DDS, TREASURER

ADDRESS (number and street)

7207 HOPKINS ROAD

Check if different
than previously
reported. (ACC)

MENTOR

OH

44060-16425

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00356295

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Report for the:



Convention (12C)



Special (12S)

Election on

in the
State of

(d) 30-Day

POST-Election



Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

Q1 Q1 2014

through

Q3 Q1 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

E. Karl Schneider, DDS, Treasurer

Signature of Treasurer

E. Karl Schneider, DDS

Date

Q4 Q1 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

Q1 Report 2014

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

OSOMS PAC

C00356295 Page 2

Write or Type Committee Name

Ohio Society of Oral + Maxillofacial Surgery PAC

Report Covering the Period:

From:

01 ' 01 ' 2014

To:

03 ' 31 ' 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2014

170,053.00

- (b) Cash on Hand at
Beginning of Reporting Period.....

170,053.00

- (c) Total Receipts (from Line 19)

600.00

600.00

- (d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

176,003.00

176,003.00

7. Total Disbursements (from Line 31)

17,123.00

17,123.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

174,340.70

174,340.70

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14031214986

Q1 Report 2014

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 06/2004)

of Receipts

OSDMSPAC CDD356295

Page 3

Write or Type Committee Name

Ohio Society of Oral + Maxillofacial Surgeons PAC

Report Covering the Period:

From:

01 ' 01 ' 2014

To:

03 ' 31 ' 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

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Q 1 Report 2014

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

OSOMC PAC

C00356295

Page 4

II. Disbursements

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

21. Operating Expenditures:

(a) Allocated Federal/Non-Federal
Activity (from Schedule H4)

(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating
Expenditures(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party

Committees

23. Contributions to
Federal Candidates/Committees
and Other Political Committees

24. Independent Expenditures

(use Schedule E)

25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)(d) Total Contribution Refunds
(add Lines 28(a), (b), and (c))

29. Other Disbursements

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity
(from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely
With Federal Funds(c) Total Federal Election Activity (add ..
Lines 30(a)(i), 30(a)(ii) and 30(b))31. Total Disbursements (add Lines 21(c), 22,
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii)
from Line 31)

1,2123

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

OSOMSPAC

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Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36)

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| 5000 |
| 55000 |
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| |

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|-------|
| 60000 |
| 5000 |
| 55000 |
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| |

14031214989

ITEMIZED DISBURSEMENTS

Q1 Report 2014

Use separate schedule(s) for each category of the Detailed Summary Page

(check only one)

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio Society of Oral & Maxillofacial Surgeons PAC

Full Name (Last, First, Middle Initial)

A. KEY BANK

Mailing Address

2025 Ontario St.

City

Cleveland

State

OH

Zip Code

44106

Purpose of Disbursement

Checking fee

Candidate Name

0.01

Category/
Type

Date of Disbursement

01/31/2014

Amount of Each Disbursement this Period

3840

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

checking fee

Full Name (Last, First, Middle Initial)

B. KEY BANK

Mailing Address

2025 Ontario St.

City

Cleveland

State

OH

Zip Code

44106

Purpose of Disbursement

Checking fee

Candidate Name

0.01

Category/
Type

Date of Disbursement

02/28/2014

Amount of Each Disbursement this Period

3374

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

checking fee

Full Name (Last, First, Middle Initial)

C. KEY BANK

Mailing Address

2025 Ontario St.

City

Cleveland

State

OH

Zip Code

44106

Purpose of Disbursement

Checking fee

Candidate Name

0.01

Category/
Type

Date of Disbursement

03/31/2014

Amount of Each Disbursement this Period

4909

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

checking fee

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12123

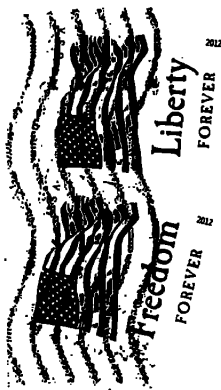
12123

14031214991

30ms PAC
207 Hopkins Rd
Mentor, OH 44060

CLEVELAND OH 440

11 APR 2014 PM 4 L



Federal Election Commission
999 E. Street, N.W.
Washington, DC

20463

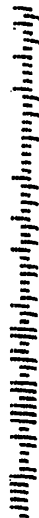
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2014

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Federal Election Commission
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 4/16/14
PREPARER **DATE PREPARED**

(8/2013)

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